

**December 2004 Status Report
Washington State Board of Health
2003-2005 Work Plan**

A July 9, 2003 memorandum to the Board from then-Executive Director Don Sloma described a plan of work for the Board during the 2003-2005 biennium. The Board formally adopted that memo as its work plan at the July 9, 2003 meeting. This memorandum was amended with the adoption of another memo at the October 15, 2003 meeting.

Taken together, these documents (attached) constitute a work plan for the Board. They have never been combined into a single work plan and their narrative format makes it difficult to identify and track the progress of individual tasks.

Many items on the work plan have been completed. Some have not. Some are no longer relevant because of changing conditions. And some have morphed. In addition, staff members, at the request of Board members, have taken on additional projects that are not on the work plan.

This document was developed in preparation for the Board planning session scheduled for December 14, 2004. It is an attempt to parse the tasks contained in the two memoranda, combine that information into a single document using a simpler and more accessible format, and update the Board of the status of each task. It also takes a closer look at projects that will require Board resources for the last quarter of the biennium, January through June 2005. Attachments discuss recent initiatives and various proposals from Board members, staff members, and external partners for future work in the areas of Health Disparities and Children's Health and Well Being.

Finally, this document briefly discusses the Board committee structure. The Board's work plan has traditionally been a compilation of work plans developed by committees created to work on the Board priority work areas. For a variety of reasons, mostly having to do with changeover on the Board and at the staff level, this committee structure has not been maintained, and decisions about work on the Board's policy priorities have been increasingly made on an ad hoc basis.

This document should help the Board members understand the current status of the work plan and identify how best to prioritize the use of existing staff capacity for the first six months of 2005.

Rule Making (July 2003-June 2005)

Rule	Sponsor	Staff	Proj. Compl.	Status
Completed				
Newborn Screening (Phase 1)	Tom Locke	Doreen Garcia	Fall 03	Completed
Transient Accommodations (TA)	Carl Osaki	Craig McLaughlin	Fall 03	Completed Sep 04
TA/Homeless Shelters	Carl Osaki	Craig McLaughlin	Summer 04	Policy review completed Nov 03; awaiting Board decision on future work
Public water systems (Group A)	Carl Osaki	Marianne Seifert	Winter 03-04	Completed
Food Service	Carl Osaki	Marianne Seifert	Winter 04-05	Completed
Food Worker Card in AFH	Carl Osaki	Marianne Seifert	Fall 2003	Completed
Water Recreation	Carl Osaki	Craig McLaughlin	Winter 03-04	Completed Aug 04
DNA Privacy (NBS Samples)	Linda Lake	Don Sloma	Fall 2003	Completed
Notifiable conditions update	Tom Locke	Candi Wines		Completed Nov 04
Ongoing				
Public water systems (Group B)	Carl Osaki	TBD	Winter 03-04	On hold indefinitely per DOH
HIV/AIDS and BBI	Tom Locke	Craig McLaughlin	Winter 04-05	CR-102 hearing anticipated May 05
Immunization (Phase I)	Tom Locke	McLaughlin/Wolff	Winter 03-04	CR-102 hearing anticipated Mar 05
Immunizations (Phase II)	Tom Locke	Tara Wolff		CR-102 hearing anticipated Winter 05
Small Onsite Septic Systems	Carl Osaki	Seifert/McLaughlin	Winter 03-04	CR-102 hearing anticipated Mar 05
Large Onsite Septic Systems	Carl Osaki	Craig McLaughlin		CR-102 hearing anticipated Sep 05
School Environmental Health	Carl Osaki	Craig McLaughlin		CR-102 hearing anticipated Fall 05
Newborn Screening (Phase II)	Tom Locke	Tara Wolff		CR-102 hearing anticipated Dec 05
Municipal Water Law/Group A				Delegated to DOH
Water Recreation Corrections				Delegated to DOH

Items in **bold** were added after the Board adopted its current work plan.

Policy Priority Areas (July 2003-June 2005)

Task	Status	Notes
1. Retain capability to develop information and/or policy options on emerging issues		
1.1 Zoonotic diseases and pets	95% completed	Report approved; needs to be produced and printed
1.2 Influenza vaccine shortage	TBD	Board discussion held Nov 04
1.3 Lead in school drinking water	TBD	Board discussion held Nov 04
1.4 Other emerging issues as they arise	Ongoing	
2. Promote health workforce diversity to reduce health disparities		
2.1 Communicate the results of the Board's work to affected group through July 2004	Completed	
2.2 Staff Health Workforce Diversity Network until July 2003	Completed	
2.3 Represent the Board on Health Care Personnel Shortage Task Force	Ongoing	Frankie Manning is Vickie Ybarra's successor
2.4 Meet with minority commissions	Completed	
3. Improve communications with and support for local boards of health.		
3.1 Use information from LBOH meetings to inform State Health Report	Completed	
3.2 Visit all local health districts by end of 2004; begin cycle again in 2005	15% completed	Met with 17 LBOHs in 2003, leaving 18 for 2004; have met with five through Nov 2005 (Skamania, Cowlitz, Lincoln; Chelan-Douglass, Walla Walla). Failure to meet goals partially due to administrative secretary turnover.
3.3 Update and distribute revised "Welcome to Public Health" orientation booklet	Completed	
3.4 Participate with WSALPHO and DOH in developing training for LBOHs	On hold	WSALPHO and DOH have put training workshops on hold

Task	Status	Notes
4. Promote health of children in schools		
4.1 Work with DOH, OSPI, and DOH to develop multiyear blueprint to address physical, social and emotional barriers to children's learning and healthy living	Dropped	OSPI has abandoned plans to produce long-range plan. Staff is participating in interagency meetings to determine ways Board might contribute to grant-funded activities that have supplanted the original planning effort.
4.2 Collaborate with OSPI, DOH and UW to make model programs and policies available on the Web	Completed	www.healthyschoolswa.org
4.3 Work with three to five communities to review policies and practices	Completed	Three "Food, Fitness and Our Kids" forums held; staff continues to explore opportunities for additional forums
4.4 Improve physical activity requirements in schools <ul style="list-style-type: none"> • Survey current efforts • Research, analyze and report on studies of the relationship between physical activity and achievement • Describe current compliance • Identify best practices • Support State Board of Education (SBE) effort to pilot alternative to current physical activity mandates • Co-convene meeting joint with SBOH and State Board of Education 	Partially completed	<p>Staff has not surveyed school districts to identify existing requirements; a survey of Washington schools will be conducted through the Coordinated School Health grant.</p> <p>Since OSPI has developed a good, research-based, presentation on the relationship between activity and academic performance, staff did not pursue this further.</p> <p>Staff worked with UW to make sure best practice models were included on http://depts.washington.edu/waschool/, a UW Web site, rather than develop a competing resource.</p> <p>Staff worked with WSSDA and others to develop model nutrition and activity guidelines required by SB 5436, and is working to make implementation tools available on line through UW.</p> <p>Staff is discussing a possible SBE/SBOH meeting with SBE staff for spring 04 (a possible statewide version of Food, Fitness and Our Kids community forum)</p>

Task	Status	Notes
4.5 Help develop standards for tending ill children at school	Dropped	This was to have been an action item in the long-range plan OSPI is no longer developing. This is not on OSPI's immediate work plan. Staff has been discussing other approaches with individual Board members.
5. Roles and responsibilities of local health officers		
5.1 Clarify health official's authority to enter private property to control disease vectors	Dropped	Per Tom Locke and Linda Lake
5.2 Clarify LHO designation procedures	Dropped	Per Tom Locke. This work was done by LHOs
6. Public health infrastructure		
6.1 Participate in PHIP Steering Committee	Ongoing	
6.2 Participate in PHIP Standards Committee	Ongoing	
6.2 Participate in PHIP Communications Committee	Ongoing	
6.4 Participate regularly in WSALPHO forums	Ongoing	
7. Legally mandated reports and other required work		
7.1 Produce 2003 annual report	Completed	
7.2 Produce 2004 annual report	50% completed	On schedule for completion by Jan. 1, 2005
7.3 Produce 2004 State Health Report	Completed	
7.5 Begin development of 2006 SHR	Pending	Begin in Feb. 2005
7.6 Communicate with the Legislature	Ongoing	
8. Get the word out about the Board's work		
8.1 Regular publication of news about the Board's activities in Courthouse Journal	20% completed	Publication of articles has occurred but not regularly because of staffing shortages at Board and KCBOH.
9. Incorporate assessment into Board's work		
9.1 Assessment of activities related to promoting health workforce diversity	90% completed	Board will hear a report on survey of Health Workforce Diversity Network participants in December

Task	Status	Notes
9.2 Assessment of activities related to physical activity and nutrition	Completed	Board viewed results of assessment of first three forums at September meeting
9.3 As time allows, develop Board assessment with CDC and NALBOH	Dropped	Per Linda Lake. Time did not allow, limited potential opportunity, limited interest
10. Regulatory process improvements		
10.1 Communicate that that rule revision process should be no longer or more complex than required	Ongoing	
10.2 Communicate that rules developed for its consideration should adhere to principles of regulatory reform, especially simplicity, clarity, specificity, and justification of burdens on businesses, citizens and government in public health terms.	Ongoing	
10.3 When a rule change is proposed, the Board sponsor should work with the proponent to specify the intended impact, the timeframe in which that impact is anticipated, and the information the Board should require of proponents to help the Board assess its effectiveness.	Ongoing	
11. Environmental Health		
11.1 Report on Community Environmental Health Assessments	95% complete	Report approved; needs to be produced and printed
12. Health Aging		
12.1 Explore possible joint meeting with King County Board of Health	40% complete	Staff have been exploring possibilities with Area Agencies on Aging, DOH, other groups
12.2 Incorporate health aging into regional technical assistance activities	On hold	Regional technical assistance through WSALPHO and DOH is on hold

Anticipated Staff Work Based on Existing Work Plan—January-June 2005

Rule	Sponsor	Staff	Timeline	Notes
Policy Priority Areas, Etc				
1.1 Zoonotics report	Tom Locke	Craig McLaughlin	January	Produce, print, distribute
1.4 Other issues as they emerge	All	TBD	Ongoing	
2.3 Participate on Health Care Personnel Shortage Task Force	Frankie Manning	TBD	Ongoing	Minimal staff work required
3.2 Visit local boards of health	All	Desiree Robinson	Ongoing	Up to 13 visits to meet goals
4.3 Food, Fitness and Our Kids	Charles Chu	Tara Wolff	Spring	1-3 additional community forums
4.4 Physical activity in schools	Charles Chu	Tara Wolff	Ongoing	Scope needs to be clarified
4.? Activity and nutrition ads	Charles Chu	Tara Wolff	Ongoing	MOU with KSTW being drafted
6.x Participate in PHIP/WSALPHO	Tom Locke	Craig McLaughlin	Ongoing	
7.2 2004 Annual Report	Tom Locke	Craig McLaughlin	January	Produce, print, distribute
7.5 2006 State Health Report	Tom Locke	McLaughlin/All	Mar-Dec	Establish methodology, begin development
7.6 Communicate w/ Legislature	Tom Locke	McLaughlin/All	Jan-Jun	Long session, budget cuts, related issues
8.1 Courthouse Journal, etc.	C. Edmonds	PIO	Ongoing	
11.1 CEHA report	Carl Osaki	Craig McLaughlin	January	Produce, print, distribute
12.1 Possible KCBOH joint mtg	C. Edmonds	TBD	TBD	Need to clarify scope and purpose
Develop priorities for 2005-07				
Rule Making				
HIV/AIDS and BBI	Tom Locke	Craig McLaughlin	Jan-Mar	CR-102 hearing anticipated May 05
Immunization (Phase I)	Tom Locke	McLaughlin/Wolff	January	CR-102 hearing anticipated Mar 05
Immunizations (Phase II)	Tom Locke	Tara Wolff	Jan-Dec	CR-102 hearing anticipated Winter 05
Small Onsite Septic Systems	Carl Osaki	Seifert/McLaughlin	Jan-Mar	CR-102 hearing anticipated Mar 05
Large Onsite Septic Systems	Carl Osaki	TBD	Jan-Sep	CR-102 hearing anticipated Sep 05
School Environmental Health	Carl Osaki	McLaughlin/Wines	Jan-Oct	CR-102 hearing anticipated Fall 05
Newborn Screening (Phase II)	Tom Locke	Tara Wolff	Jan-Dec	CR-102 hearing anticipated Dec 05

The winter and spring of 2005 promises to be a very busy time for the staff of the Board—

- Several ongoing major rule projects will consume large amounts for staff time. These include HIV/AIDS (May), Small Onsite Septic Systems (March), and School Environmental Health. There are also several pieces of work related to newborn screening and immunizations. And there is the large on-site rule.
- As part of its rule work and its priority work on emerging public health issues (HIV/AIDS and immunization policy), Board staff members may be helping to staff three advisory committees—newborn screening advisory committee, immunizations advisory committee, school environmental health rule development committee, and the HIV Collaborative.
- This promises to be a long and grueling legislative session that takes up several issues specific to the Board's authority—most notably, on-site septic systems and school drinking water. Tracking and commenting on issues before the Legislature can overwhelm staff, even during a short session with few controversies. This session may easily continue into June.
- The Board and staff must use the first six months of 2005 to develop a work plan for the new biennium that begins in July. This work includes approving a methodology for identifying priorities, forming committees if necessary, and having staff work with the committees to develop work plans for priority areas.
- A new State Health Report is due in January 2006. The Board must begin by about March to develop a methodology.
- January should see three reports published—annual report, zoonotics, and community environmental health assessments.
- Work continues on several fronts on children's physical activity and nutrition. Staff is working on an additional one or two Food, Fitness and Our Kids forums, making tools available to help middle schools adopt and implement activity and nutrition plans, participating in interagency coordination groups on a variety of school health issues, and (pending approval of the Board) working on a social marketing campaign through a public-private partnership with KSTW.
- There is extensive internal work that must be done, such as reorganizing and hiring a permanent staff after several months of keeping staff options open through intermittent and temporary appointments.

In summary, the ability of staff to take on new pieces of work during the first six months of 2005 is extremely limited.

Committees

This Board has long worked with a committee structure. Once the Board identified its policy priorities at the start of the biennium, the committees work with assigned staff to shape a proposed work plan for the full Board's consideration. During the biennium, committees guide the work of the assigned staff, helping to ensure the work is on track and making minor modification to the work plans as necessary. As a biennium winds down, committees inform the selection of new priorities by identifying possible areas of work. The existence of functioning committees makes the work of staff members much easier.

The recent committees of the Board have been:

- **Health Disparities:** Joe Finkbonner (chair), Vickie Ybarra, Margaret Pageler. No members of the committee are still on this Board. This committee's work plan extended through June 2004, and the current body of work will be complete with the presentation to the Board at the December 15 meeting. Several members of the Board have indicated an interest in continuing to work on health disparities (see attachment), but no one has been formally assigned to this committee.
- **Environmental Health:** Carl Osaki (chair). This is a committee of one. Its policy work will be complete once the CEHA report is published in January. Mr. Osaki's term expires in June and he has stated that he will not seek reappointment.
- **Children's Health and Well-Being:** Vickie Ybarra (chair), Charles Chu, and David Crump. Ms. Ybarra has left the Board and no new chair has been formally appointed. Dr. Chu, in particular, has been very active. Several new projects and potential projects have arisen (see attachment) and many parts of the work plan are out of date.
- **Access:** Tom Locke (chair), Ed Gray. The Board passed the baton on access issues to the Public Health Improvement Partnership. Dr. Locke is co-chair of the PHIP Access committee.

It may be helpful to revisit the committee structure and either reconstitute existing committees or create new ones. These could be standing committees or ad hoc. Committees could focus on guiding the completion of existing work, developing proposals for 2005-07, or both.

Attachment A: Health Disparities

Some ideas for future SBOH health disparities work, not in order of importance, from discussion with Frankie Manning, Vickie Ybarra, and Craig McLaughlin:

1. Continue SBOH health disparities work by promoting efforts to:

- **Improve health workforce diversity**
- **Improve access to quality health care for people of color**
- **Improve early childhood education for children of color**
- **Improve healthy habits such as eating healthier and increasing physical activity in communities of color.**

This approach fits with requests from Health Workforce Diversity Network and Health Care Personnel Shortage Task Force for ongoing SBOH involvement in their work. It also provides continuity with past and present SBOH priority areas and addresses concern that SBOH priority work timelines are too short, because priority projects need longer than two years to develop and have an impact.

Ms Ybarra has identified opportunities to improve the availability and utilization of data related to workforce diversity:

- University of Washington schools, including health professional schools, have been going through a process to produce a “diversity report and related data. If school-level data is available, it could be used to produce a “report card” such as the one recommended in the 2001 Final Report on Health Disparities.
- Another missing data piece really is a study on the impact of I-200 on graduate health professions programs in the state, along the lines of the study the University of California San Francisco did after California’s anti-affirmative action initiative passed.
- The Healthcare Workforce Shortage Personnel Task Force has recommended collecting data through the licensing system again, including race/ethnicity. The Board could work to promote this recommendation.

2. Promote efforts to reduce infant mortality among African-Americans and American Indians and Alaska Natives. Focus on increasing awareness and understanding of how institutional racism and discrimination affect health status and health care.

This is an area where the Board could make a unique contribution, in that the impacts of institutional racism and discrimination on health care have been discussed nationally and locally (King County), but not on a statewide basis, as far as I know. Discussion of how racism and discrimination affects health status could expand generally accepted public health, health care, and community members' understanding of institutional, psychological and sociological mechanisms.

Some relevant work:

- U.S. Health and Human Services (HHS) Secretary Tommy Thompson appointed Dr. Hayes to a four-year term as a member of the Advisory Committee on Infant Mortality. (http://www.doh.wa.gov/Publicat/2004_news/04-047.htm)
- 2004 Health of Washington State information doesn't include institutional racism or discrimination as a factor (<http://www.doh.wa.gov/HWS/doc/MCH/MCH.doc>):

Infant Mortality (IM) is an important health indicator of maternal health, quality of and access to medical care, socio-economic conditions, and public health practice. Washington's IM rate is lower than the national rate and achieves both the state and national targets for 2000. However, major disparities still exist among certain populations. Risk factors encompass maternal health status and behaviors such as smoking and using alcohol during pregnancy, low birth weight, and lack of early prenatal care.

Race and Ethnicity White women were more frequently found to begin prenatal care during the first trimester and to have infants who survived their first year than women who were black or Native American. Hispanic women had rates of LBW comparable to whites, while other groups had higher rates. Statewide data on the ethnicity and race of children with special health needs are not available, but national data suggest blacks have a higher prevalence of needs than Hispanics or other non-whites.

Additional information in DOH 2003 Infant Mortality Data Report:

http://www.doh.wa.gov/cfh/mchas/mchdatareport/Infant_mortality99_01F.pdf

- Public Health- Seattle & King County has addressed discrimination in health care settings in a survey and report: <http://www.metrokc.gov/HEALTH/news/01012401.htm>

- Additional reports linked to on the SBOH HD page (Institute of Medicine report *Unequal Treatment* for example)
<http://www.sboh.wa.gov/Priorities/disparities/HDAddMaterials.htm>

3. Hold joint meetings with minority commissions (CAA, CAPAA, CHA, AIHC & GOIA) as community forums on health disparities.

This fits with the SBOH mandate for public engagement and policy development, and Board members' interest in increasing community input into decision making. Since Vickie Ybarra met with the commission directors in March 2004, they may invite SBOH participation in planning a health care convention in spring or summer 2005. Minority commissions have connections and relationships with communities of color, but limited staffing. We probably should develop shared expectations of meeting process and outcomes – what commission, board members and communities can expect. The staffing level needed will depend on these expectations, the number of meetings, locations, publicity, and follow-up.

Vickie suggested bringing together a “think tank” of people of color who are leaders in public health and health care. These leaders could be partners in the health disparities forums, help form the agendas, publicize the forums, develop action options, and mobilize community organizations and individuals to action.

4. Continue tracking the Joint Select Committee on Health Disparities.

The Joint Select Committee is made up of 8 legislators, 4 from health and 4 from education committees, and is chaired by Senator Rosa Franklin. The bill's directive is broad, including health disparities for people of color and women, health workforce diversity, early childhood development programs, and more. They met for the first time in September and will be deciding what to focus on. The Board may have a role in providing input to the Committee, addressing factors the Committee doesn't address, or building on Committee work.

5. Strengthen the use of health disparities in the Priorities of Government process.

Health disparities data could be used to prioritize and evaluate programs.

Attachment B: Children's Health and Well-Being

Campaign with KSTW. In November 2004, members of the Board and staff met with KSTW to discuss a potential physical activity/nutrition campaign for kids. At that meeting Board staff agreed to draft a memo of understanding and to convene a technical advisory group. The technical advisory group's first task is to develop messages and identify target audiences for three 30 second spots by the end of January. In February and March, KSTW plans to approach appropriate sponsors and to develop the spots by late spring. If all goes according to plan the campaign would be launched over the summer of 2005. KSTW has committed to airing each spot about 40 times. The technical advisory committee's would be involved in reviewing spots and recommending whether or not the Board should endorse them. Staff have also been approached by the University of Seattle concerning an intern who might be able to review viewer data and to conduct focus groups using the spots, so that the Board would have some sense as to how effective the campaign's messages has been received by the target audiences. This work may pose an opportunity to address disparity issues as KSTW has a high percentage of African American viewers and the campaign could be targeted to reach this audience. Board staff will need to work with other entities to reinforce these messages for them to have the greatest effect.

Food, Fitness, and Our Kids - Community Forums. Two other communities have expressed interest in conducting community forums. Board staff will provide technical assistance to those communities. In addition, Board staff would like to make it easier for a community to use our on-line resources to conduct a community forum. This will be especially important in light of Public Law 108-265 (June 30, 2004) Sec 204 Local Wellness Policy, which states that schools need to form community committees to meet local wellness policies which must include goals for nutrition education, physical activity, and other school based activities that are designed to promote student wellness.

Food, Fitness, and Our Kids – State Forum. There is interest in conducting a forum at state agency level that would have parallel goals to those of the community forums but with an emphasis on statewide policy issues. Agencies which may be candidates for participation are: OSPI, DOH, WSSDA, SBOE, and SBOH.

Supporting SB 5436. Staff worked with the University of Washington (UW) to make sure that best practice models were included on the UW website <http://depts.washington.edu/waschool/>, and is continuing to work with UW, WSSDA, DOH, and others to make sure resources in support of SB 5436 are included on the UW website. These resources include: tool kits for changing vending machine offerings and not losing revenues in the process; a list of school-based nutrition and physical activity best practice programs in our state with contact information; and a listing of resources/funding grants for schools.

Newborn Screening. A set of recommendations for next steps on newborn screening will be put before the Board December 15. Staff plans to work with the Department of Health to convene a panel of technical experts. This panel will be charged with reviewing new information available on the benefits of newborn screening for cystic fibrosis and make a preliminary determination whether this condition meets criteria established for newborn screening tests in Washington State. If cystic fibrosis meets the criteria, staff will work with DOH to convene a Newborn Screening Advisory Committee. This committee will make recommendations to the Board regarding inclusion of cystic fibrosis on the list of mandatory newborn screening tests. Staff would also help review the report from the Department of Health on its continued efforts to encourage hospitals to voluntarily implement universal newborn hearing screening programs and to conduct surveillance and tracking of infants to ensure all infants are screened, that infants at risk for hearing loss receive audiologic evaluation, and that infants who are deaf or hard of hearing are referred for early intervention services. The Board will want to staff to review the report and its findings to help determine if further study and action is warranted. Staff would work with the Department of Health to review the American College of Medical Geneticists report when it is released to determine if there are effective interventions available for the 16 new conditions and to give the Board a preliminary assessment of associated costs, Washington State's tandem mass spectrometry capacity, and the number of newborns in Washington State who could be potentially identified with these conditions.

Immunizations. Staff will work with the Department of Health to convene an advisory group. Initially the focus of the advisory group was limited to vaccination requirements as a condition of school entry. And originally, the group's primary charge was to: develop criteria for determining whether specific immunizing agents should be required, assess current and proposed agents against those criteria, and recommend a list of required agents for the Board to consider adopting in rule. However, given other policy issues related to vaccination requirements as a condition of school entry, the long list of immunization issues, and the current flu vaccine shortage (which is symptomatic of some of many of these issues)—the advisory group's charge may need to be re-visited and perhaps expanded in some fashion. Staff will need to support this decision making process and to make adjustments to the work plan as needed. In addition, staff will need to continue their ongoing efforts to update and clarify the existing rule, WAC 246-100-166.

Asthma: In September, the Washington Asthma Initiative (WAI), a statewide coalition of individuals and over 50 organizations concerned about asthma prevention, diagnosis, and management, requested Board member participation in developing the Washington State Asthma Plan. The plan is a statewide effort to develop a comprehensive 10-year strategy to improve the prevention, diagnosis, and management of asthma and decreasing its individual and societal burdens. It is funded by the CDC through CDC, which contracted with WAI. No Board members were available, but staff has participated on the community/school subcommittee. WAI asked if it could present plan to the Board for its endorsement before submitting it to the CDC. This would be ready for review early in 2005.

Possible future work: Looking ahead to the 2005-07 biennium, staff members have suggested some areas to work that a Children's Health and Well Being Committee might want to consider. In addition to continuing work on physical activity and nutrition, these include:

- **School Retention.** In Washington State more than 30 percent of kids do not graduate from high school. Dropping out of school is associated with delayed employment opportunities, poverty, and poor health. During adolescence, dropping out of school is associated with multiple social and health problems, including substance abuse, delinquency, intentional and unintentional injury, and unintended pregnancy. Antecedents that may impact drop out rates include low academic achievement and low attachment to school, adverse peer influence, inadequate family management and parental supervision, parental substance abuse, sensation-seeking behavior, and diminished personal capabilities. There are a number of effective interventions that can be used to improve school retention. Staff could work with other agencies to address this issue.
- **Asthma:** This chronic condition affects more than 600,000 people in Washington State. Disease and death rates are on the rise. At particular risk are children, minorities, the elderly, women, and people living in poverty. Hospitalization rates for young children continue to escalate. The increasing societal burdens include school absenteeism, missed work, and financial loss to families and businesses. Approximately 150,000 children in Washington State have been diagnosed with asthma, however, there is evidence to suggest that this number could be higher as some children have symptoms but have not been diagnosed. Asthma is manageable and new developments in medicine have improved the ability of patients and health care providers to work together to improve the quality and safety of those suffering from asthma.
- **Learning disabilities:** A paper discussing learning disabilities will be available on request at the Board meeting.